

Idaho Organic Farm Certification Update Questionnaire

This form should be filled out by crop producers requesting an update of organic certification. Use additional sheets if necessary. Attach field history sheet for current year, updated farm maps (if any changes), and activity and input records.

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name		Type of Farm/Crops	
Address		City		For office Use Only	
State		Postal/Zip Code		Date received	
County		Date reviewed		Reviewer	
Phone		Fax		E-mail	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify				Organic Certification No.	
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Non-Compliances		NOP Rule 205.406(a)(3)
Did you have any minor non-compliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please complete the following table, listing each minor non-compliance.		
Minor Non-compliance	Describe how you addressed the minor non-compliance.	

SECTION 3: Organic Plan Update		NOP Rule 205.406(a)(1)	
A. Current crop plans			
Please complete the following table for all current year's crops or products requested for certification.			
Crops Requested for Certification	Field Numbers	Total Acres/Hectares	Projected Yields

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?

Have you reviewed your Organic Farm Plan Questionnaire? ☐ yes ☐ no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. ☐ No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

*** If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.**

C. Inputs

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels and receipts available for the inspector.*

Seed/Variety/Brand	Organic (✓)	Untreated (✓)	Treated (✓)	GMO (✓)	Type/Brand of Treatment Fungicide Inoculant	Describe your attempts to use organic/untreated seed?

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Sheet.

Have all labels and receipts available for the inspector.

☐ No inputs used

Product	Brand name or source	Status: Approved (A) Restricted (R) Prohibited (P)	If restricted, describe compliance with NOP Rule Annotation	Check if GMO (✓)

D. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

Rate the effectiveness of your fertility management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource Management

Rate the effectiveness of your soil conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

- ☐yes ☐no Adjoining land uses, buffers, notification letters, posting signs
☐yes ☐no Input equipment cleaning (sprayers, planters, etc.)
☐yes ☐no Harvest equipment cleaning
☐yes ☐no Crop testing for contaminants (prohibited materials, GMOs)
☐yes ☐no Post harvest handling
☐yes ☐no Crop storage cleaning
☐yes ☐no Transportation of organic crops

Recordkeeping

- ☐yes ☐no Compost production records
☐yes ☐no Labor records
☐yes ☐no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products
☐yes ☐no Complaint log

Section 4 Annual Summary of Organic Crop Yield and Sales

NOP Section 205.103

The following organic crops/products have been sold from _____(date) to _____(date).

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Section 5 Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator _____ Date _____

I have attached the following documents:

- ☐ Updated maps of all parcels/fields (showing adjoining land use and field identification)
☐ Field history sheets for current crops
☐ Documentation for fields owned or rented for less than three years, if applicable
☐ Water test, if applicable
☐ Soil and/or plant tissue tests, if applicable
☐ Residue analyses, if applicable
☐ Input product labels, if applicable
☐ Organic product labels, if applicable
- ☐ I have made copies of this questionnaire and other supporting documents for my own records.